

KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES

COMMONWEALTH OF KENTUCKY 2545 LAWRENCEBURG ROAD , FRANKFORT, KENTUCKY 40601 PHONE: 502-564-8963 FAX: 502-564-4687



Recertification / Relicensure Application

Check the box for the Certificat	ion/license reapr	olying for:			
☐ First Responder	□ EMT	☐ Paramedic	☐ Instructor,Le	evel I, II, III	
Fill in all Blanks:					
Social Security Number:		Certification/License N	Number:	Exp. Date	e:
Birth Date:	Sex (M/F)				
Name:					
(Last Name) Address		(First Name)	(Middle	Name)	
				Zin Codo	
City					
Home Phone:	Email	address:			
Years of Education:	High S	School Diploma? □ Yes [☐ No GED Certifica	te? □ Yes □ No	
Other Education:					
Is your current primary Employme	ent EMS related?	□Yes □No Occupation:			
Name of Company			Contact Person		
Street		City	State	Zip Code _	
Work Phone Number:		Fax N	Number:		
All questions on this application	must be answere	d. Failure to respond to t	these questions, this a	application shall be	returned to you
as incomplete:					
1. Have you ever been convicted		guilty to a felony, entered	into an alford plea to		
diversion program for a felony 2. Have you ever been convicted		r or DI II?		No	Yes Yes
(If yes, please provide a written			t records).	110	1 65
3. Have you ever been cited for a				?	
(If yes, please provide a writte			-	No	
4. Have you ever had a civil judgm					
deliver medical care?					
5. Have you ever been in default (If yes, please provide a writte	•	.ns?		No	Yes
6. Have you at any time had your		r registration(s) as an First	t Responder, EMT. P	aramedic. Registere	ed Nurse or
Physician been restricted, revo			· · · · · · · · · · · · · · · · · · ·	No	Yes
7. Have you at any time had any i			suspended or expired	? No	Yes
8. Do you use drugs, alcohol, or o	other controlled su	ubstances to the extent that	nt it may affect your al	oility to perform the	e duties of an
EMT?				No	Yes
9. Do you have a physical, ment					
under the Americans With Dis First Responder, EMT or Parar		DA) or a condition that v	would prevent you fro	om safely performin No	ig the duties of a Yes
i not reoponder, Divir of Larai	maic:			110	

If you answer 'Yes' to any of the above questions, you must attach an explanation on a separate sheet including copies of court

documents, disciplinary actions, or physician's statement, if applicable.

10. If you marked yes on any of the above questions, have you reported this to the KBEMS office in writing? No____

CONTINUING EDUCATION - Please complete either section I or II whichever applies (Do Not Complete Both Sections):

ection 1. complete only if currently working for a Emergency Service of Medical Director
ereby certify that the applicant successfully has completed, the two (2) year Certification/Licensure period continuing education as quired by 202 KAR 7:092, 202 KAR 7:050, 202 KAR 7:070, and/or 202 KAR 7:413.
urther validate that documentation of these continuing education hours will be maintained by the undersigned and furnished to the entucky Board of Emergency Medical Services upon request.
ate) (Signature of Medical Director, Instructor, Training Officer, or Service Provider)
rinted Name of above)
ereby certify that I have completed the continuing educational requirements for my two year licensure/certification period required 202 KAR 7:092, 202 KAR 7:050, 202 KAR 7:070, and/or 202 KAR 7:413 and that the information provided on this application is applete and true to the best of my knowledge. I understand that knowingly supplying false information on this application is a plation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I also understand that my plication can be returned to me incomplete if I failed to provide all information requested on this application.
urther affirm that documentation of my continuing education hours shall be furnished to the Kentucky Board of Emergency Medical rvices upon request.
pplicant Signature: Date:
ction II: complete only if you are not currently working for a Kentucky Ambulance Service
ereby certify I have completed the continuing educational requirements for my two year Certification/Licensure period required by 2 KAR 7:092, 202 KAR 7:050, 202 KAR 7:070, and/or 202 KAR 7:413 and that the information provided on this application is applied and true to the best of my knowledge. I understand that knowingly supplying false information on this application is a plation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further affirm that cumentation of my continuing education hours shall be furnished to the Kentucky Board of Emergency Medical Services upon quest. I also understand that my application can be returned to me incomplete if I failed to provide all information requested on s application.
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If you have questions concerning your continuing education or other requirements, please contact the:

KENTUCKY BOARD OF EMERGENCY MEDICAL SERVICES

2545 Lawrenceburg Road, Frankfort, KY 40601 Phone (502) 564-8963

KBEMS Use Only:
Check #
M.O.#
Amount \$
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